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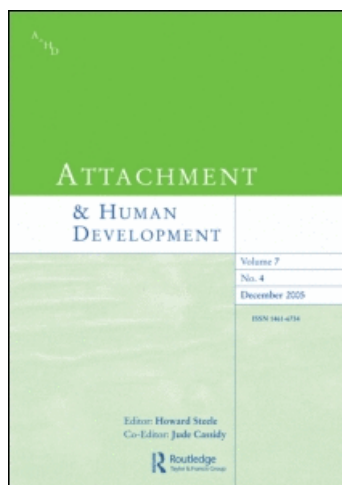
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Guest editors' introduction to the special issue: Attachment in mental health institutions

C. SCHUENGEL and M. H. VAN IJZENDOORN

Institutions for children have been the foremost context of discovery for many of the central tenets and hypotheses of attachment theory. The publication in 1944 of 'Forty-four juvenile thieves: Their characters and home life' brought John Bowlby his first fame. Although some of the ideas in that paper have received little attention later on (e.g. that children who had lost their mothers would steal out of their unconscious desire to regain love; van Dijken, 1996, p. 104), this study of delinquent children in a clinic formed the basis of his conviction that early separations from and losses of attachment figures are pathogenic, and that the affective bond with the mother is important for children to learn to regulate their aggressive and affective impulses. Bowlby's description of the 'affectionless characters' of some of the juvenile delinquents pointed, furthermore, to the grave difficulties that face the staff of institutions. The advances made during the last decades in the further refinement of Bowlby and Ainsworth's theoretical ideas, particularly those about the mental representations of attachment-related experience, and the accompanying methodological progress enable attachment researchers now to move beyond the notion of affectionless character, and inform current practice in mental health institutions about the kinds of mental representations that their clients bring to the treatment.

The contributions in this special issue of *Attachment & Human Development* pay attention to clinical implications of attachment processes, but furthermore emphasize the new questions and challenges that research on attachment in mental health institutions generates. The application of attachment theory implies deductions using concepts such as 'attachment relationships', 'attachment bonds', or 'secure base'. In order to make proper use of these terms and avoid the watering down of attachment concepts, it seems that we need more explicit criteria for their use in various contexts, such as mental health institutions. For example, not all adolescents will develop an

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attachment bond to their therapists. At present, it is unclear how we infer the presence or absence of an attachment bond.

On the level of methodology, several papers address the use of the Adult Attachment Interview (AAI) (George, Kaplan, & Main, 1985) as a measurement tool. The administration and coding of this instrument may require extra skill in the case of respondents who may have very complicated attachment histories, who may be extremely incoherent, or who may react to the interviewer in special ways. A common concern regarding clinical populations is whether the coding system for the AAI (Main & Goldwyn, 1994) adequately captures the variance that is relevant for clinical issues. The study of institutionalized clients may be an impetus for research on the Cannot Classify category (Hesse, 1996), because its incidence seems to be elevated as compared with other clinical and non-clinical populations.

The contribution of Kobak, Little, Race and Acosta in some ways echoes the study of Bowlby reported in 1944. They compared school-age children in classrooms for seriously emotionally disturbed (SED) children with children in regular classrooms, and children in regular classrooms at risk due to poverty. Data were collected on the history of attachment disruptions, dissociative symptoms, and classroom behavior including behavior towards the teachers. Their findings underscore the risks associated with attachment disruptions. Intriguingly, attachment disruptions were also associated with dependent relationships with teachers, and this dependency seemed to increase over the course of the school year. This result may suggest that these children continue to yearn for a secure, affective relationship. One interpretation might be that there are opportunities to provide a corrective experience. Kobak and his colleagues also draw attention, however, to the interpretation that these children might have failed to experience a clear attachment hierarchy. This might contribute to problems associated with the Cannot Classify category on the AAI.

Wallis and Steele report in this issue their analysis of the AAIs of adolescents in five residential psychiatric units in the UK, to find an overrepresentation of insecure attachment representations. Especially striking was the high percentage of unresolved loss or trauma classifications. Wallis and Steele suggest that knowledge about attachment representations may be used to adapt treatment approaches. It will be especially challenging to design optimal treatment for adolescents with Cannot Classify and unresolved attachment classifications. Wallis and Steele suggest that reflective functioning may be stimulated in the context of milieu therapy.

The incarcerated offenders in the contribution by Frodi, Dernevik, Sepa, Philipson and Bragesjö represent an even older age-group. Frodi *et al.*'s study is especially interesting because of the inclusion of offenders scoring high on a psychopathy scale. Psychopaths are known for their ability to deceive and to charm, and so Frodi and her colleagues closely examined the results in order to determine the validity of response. Strikingly, the respondents with the highest scores for psychopathy received the minimum coherence score of

1, showing that it is either very difficult to create a falsely positive impression on the AAI, or the context of the AAI does not elicit deceiving responses of such a kind, even from individuals who are prone to make them. Frodi and her colleagues did not find similarities between the transcripts in their sample and Bowlby's description of the affectionless characters of some of his 44 thieves.

Turton, McGauley, Marin-Avellan and Hughes report about their experiences in a sample that was similar to that of Frodi and her colleagues, when they administered the AAI. Their contribution addresses the problems posed by applying the AAI protocol and coding systems within a sample and in a context that are so far removed from normative samples. The excerpts from interviews in their paper illustrate many of these problems. Fortunately, the authors do also put forward possible solutions and give valuable suggestions in order to prevent or circumvent some of the problems. Furthermore, some of the excerpts reveal new phenomena that are likely to be of interest for research. In this way, mental health institutions prove again to be an important context of discovery.

The theoretical contribution by Schuengel and van IJzendoorn outlines the various ways in which attachment may be relevant to institutionalized treatment and the therapeutic process. Mental representations of previous and existing attachment relationships may be seen as 'input' in the treatment process. The therapeutic relationship is a component of this therapeutic process that would specifically be amenable to influence from the attachment representation. The mental representations by the staff themselves also seem to be important in this respect. Finally, the 'output' of the treatment process might be measured in terms of changes in the clients' representation of attachment. A major difficulty both for research and for clinical applications is the lack of operationalized criteria to call a relationship an attachment relationship.

Although research attention has so far been focused primarily on the input, that is, the attachment representations of clients entering mental health institutions, we hope that this special issue contributes to taking a next step into the study of the therapeutic process and other factors related to outcome. These results will no doubt continue to be of interest to clinical workers, but, as the papers in the current issue suggest, may also contribute to the further development and testing of attachment theory.

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